U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| E QUE OROS | |
|--|--|
| 1. File Number U - 5679 | 2. Fiscal Year Covered From: |
| | 11/1/2005 Through: 121/31/2025 |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name JAMES O'GRAHAM | Name [NFLDA |
| | Labor Organization File Number 1065-533 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 19871 LA BETE CT | Street 2021 L ST, NW # 600 |
| City ACHBORN | City [WASHINGTON] |
| State VA ZIP Code + 4 ZOIUT | State ZIP Code + 4 20036 |
| 5. Position in labor organization. Rechons. | DIRECTOR |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of | |
| monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| | |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | 1 |
| | 7.b. Amount, |
| Street | |
| City | - · |
| State ZIP Code + 4 | |
| Sign | lature |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |
| Signed | on 54106 703724 4429 |
| | Date Telephone Number |
| Form LM-30 (2003) | Page 1 of 2 |

| Name of Person Filing | File Number U- |
|--|---|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | |
| 8. Name and address of Business (including trade name, if any). Name Reebok Merchatton Trade Name, if any: Reebok Merchatton P.O. Box, Bldg., Room No., if any Street 1895 Jun Foster 8/00 City Canho State MA JIP Code + 4 6202/ | 9. Business deals with: a. Labor Organization b. Trust c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | 11.a. Nature of such dealing. 10 Pair of Shoes |
| City , State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. \$500.00 12.a. Nature of interest held or income received. |
| | 12.b. Amount. |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| Street | |
| City | |
| State ZIP Code + 4 | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |